**HITSC meeting Notes**

**November 7, 2013**

**Meeting Agenda:**

**HIE / OSC Evaluation.**

The meeting focused on this agenda item. The OSC has selected HTS out of Kentucky to perform the evaluation of the HIE cooperative agreement and a second component to map the future of the HIE in Maine and the OSC for HIT. HTS will be meeting with the HIT Unit and the OSC on Monday to discuss the scope of the evaluation and the future of the HIE / OSC and contract provisions. To help prepare for this meeting, the HITSC will provide input on the HIE evaluation.

The HITSC walked through the RFP that was issued for this work, and the ONC approved evaluation template.

After providing background, Dawn asked Dev and Shaun to discuss their perspectives of the evaluation.

Dev/Shaun:

- We need to keep the evaluation tied to the op plan and the contract with HIN. The evaluation should not be prescriptively tied to the ONC requirements, which may not meet Maine's experience or needs. For example, other states were forced to go with the Direct messaging. In Maine, we have multitude of approaches.
- We should look at the institutional commitment – hos and provider growth with actual uptake and usage statistics.
- We should review how Maine has leveraged other programs, such as the BH and SIM.

The Group then discussed each aim of the evaluation.

**Aim 1. Communication and Use**

Dawn: The user survey conducted by HIN of contributor and users, with view only and bi-directional use would be beneficial for the evaluation.

In addition, we should have focus groups—patients, providers, E H R vendors. We would id groups by type, and then assess awareness level of communications that have been done; also other groups, such as the LWG showed there was a high level of interest in the HIE and exchange.

D/S: We are limited to what we can do, in terms of providing data (PHI) based on the type of provider who is eligible to get MU funding (not LTC, or BH). So we had to work around that to get what we could get done.

Dev: We didn't spend a lot of time and money on patient involvement. Went down the path and then could not do patient portal because of CMS concern about competing with the EH R vendors. This

points out unintended consequences of CMS federal policy. (Now, we have CMMI funding a 12 month pilot for patient portal under SIM. So this is an indication of leveraging funds.)

**Aim 2. Governance.**

The governance has evolved. S/D: We should provide feedback on the other initiatives and how they tie into our Strategic Plan. There have been only a few minor changes.

**Aim 3. Key priority areas Adoption/Sustainability:**

Shaun: We can take the data we reported to ONC but Maine's is different so we want to do a narrative. The data about using Direct or use patterns or the key priority of the ONC aims, does not tell the complete story.

Shaun: Is the current method sustainable? No. But it gives it tools to leverage other funding. HIN's HIE operates with only 60% funded by participation fees. We need to have a value-add, such as a master payer index. We need to have ONC understand there is a business around this complex set of requirements and technology. ONC is going to have a tough time keeping these HIEs sustainable unless they provide revenue support for value-added activities.

Dev: We would like to have as a path forward, moving from 40% non-fees to 20%. We can add more services and revenue lines to carry out that value-add and decrease dependency on "soft" money.

Shaun: We can not be dependent upon single types of technology. We have national standards coming out, like QRDA and HL7. We need to be flexible and nimble.

Dev: Technology never gets cheaper; you just get more for your dollar. We need to reinvest. Our costs are pretty flat and it does not appear that there are big drivers that would make costs go up. Then, we'll also have to adapt to new standards like ICD-10. We need to prepare for that.

**Aim 4. Lessons learned**.

James: As a member of the HIT squad, we see questions on what info do you have to collect? What do federal and state government want? How do we get providers being warm to buy-in to reporting these data?

Lorie S: One of the lessons learned is that the target is always in motion--the MU measures change.

David M.: If we look at stats from the HIE, can we make suppositions of the value of data in the HIE?

Dawn: Use MU data and link with HIE clinical. We should send MU data to HIE and share with them.

Shaun: We are getting 13-14 k hits per month. How many people are getting ED notifications? This involves getting payers into the HIE, not just providers. We will be able to do risk modeling. Concrete use stats.

David: Yet, only have 1% usage based on population.

Shaun: HIE is not valuable for someone like me who is healthy and doesn't need to have access to clinical data. ACO has changed the incentive process to have real-time data for pop health. In an ACO, patients can move to wherever they need to get access. Even unaffiliated practices. With risk, they need to know when the patient shows up at org. they are not related to (not just showing up at the ER). HIE can provide real-time notification for payer purposes--not just someone showed up in the ER, but whether that someone just showed up out of network.

Shaun: For purposes of lessons learned, we should focus on what do we need additional funds for, and what are we buying for those funds? Are there areas that we should focus on based on the availability of fed funds is going to be more specific in nature.

Dev: If we are talking about future funding, look to what we have in place today. We've gotten further than other states, so how could we optimize that funding. Suggest you look at Maryland which is similar to Maine.

**Aim 5. Long-term view of OSC role**

This second component of the evaluation will be a look-forward. It will involve the role of governance and structure of HIE in Maine and how functions are integrated with other HIT initiatives.

**Wrap Up:**

Agreed that this discussion was very useful and to send it on to the evaluator for inclusion in their review. Next month we will hear from the evaluator and how outreach and stakeholder input will be conducted.